

CLAIMS ONLY

Application Number

Filing Date

16724510

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4			1	1		
5						
6						
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9			1			
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50						
Total Indep			6			
Total Depend			15			
Total Claims			21			

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						